| SCC eFile COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION 1.) CORPORATION NAME: REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOSEPH E. BLACKBURN, JR. 300 WEST MAIN STREET RICHMOND, VA 23220 3.) CITY OR COUNTRY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: FL 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1410 NORTH WESTSHORE BLVD STE 800 CITY/STIZIP: TAMPA, FL 33607 7.) DIRECTORS AND PRINCIPAL OFFICERS: AID GENERAL OFFICE STEPHEN NARD TITLE: CEO, Chairman ADDRESS: OO HILL RD. CITY/STIZIP/CO: WINNETTA, IL 60093 NAME: TITLE: ADDRESS: 1331 KNEBWORTH LN. CITY/STIZIP/CO: CATAWBA, NC 28609 NAME: TITLE: AST SECRETARY ADDRESS: 1018 RNAME: CRYSTAL E MARTIN TITLE: AST SECRETARY ADDRESS: 1018 RNAME: CRYSTAL E MARTIN TITLE: AST SECRETARY ADDRESS: 1018 RNAME: AST SECRETARY ADDRESS: 1018 RNAMINISTOKERS AND CAPROLE NAME: AST SECRETARY ADDRESS: 1018 RNOW, SICKERS TITLE: ASST SECRETARY ADDRESS: 1018 RNOW, SICKERS AND OFFICER DIRECTOR | | | | | | |
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| REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOSEPH E. BLACKBURN, JR. 300 WEST MAIN STREET RICHMOND, VA 23220 3.) CITY OR COUNTRY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: FL 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1410 NORTH WESTSHORE BLVD STE 800 CITY/ST/ZIP: TAMPA, FL 33607 7.) DIRECTORS AND PRINCIPAL OFFICERS: ADDRESS: (CHRISTOPHER STEPHEN NARD ADDRESS: (CHRISTOPHER STEPHEN NARD CITY/ST/ZIP/CO: (WINNETKA, IL 60093) NAME: (CHRISTOPHER STEPHEN NARD ADDRESS: (1331 KMEEW/ORTH LIN. CITY/ST/ZIP/CO: (WINNETKA, IL 60093) NAME: (CHRISTOPHER STEPHEN NARD) ADDRESS: (1331 KMEEW/ORTH LIN. CITY/ST/ZIP/CO: (WINSTON-SALEM, NC 27106) NAME: (CRYSTALE MARTIN) ADDRESS: (101 ROC) ADDRESS: (10 | SCC eFile | COMMONWEALTH OF | VIRGINIA | | 12543076 | |
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| FLORIDA 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOSEPH E. BLACKBURN, JR. 300 WEST MAIN STREET RICHMOND, VA 23220 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: FL 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1410 NORTH WESTSHORE BLVD STE 800 CITY/ST/ZIP: TAMPA, FL 33607 7.) DIRECTORS AND PRINCIPAL OFFICERS: MAME: CHRISTOPHER STEPHEN NARD TITLE: CEO, Chaimman ADDRESS: 600 HILL RD. TITLE: CEO, Chaimman ADDRESS: 1331 KNEBWORTH LN. CITY/ST/ZIP/CO: WINNETKA, IL 60093 NAME: TITLE: VP, Treasurer ADDRESS: 4109 CHERRYL-AUREL LANE ADDRESS: 4109 CHERRYL-AUREL LANE TITLE: VP, Secretary ADDRESS: 4109 CHERRYL-AUREL LANE TITLE: VP, Secretary ADDRESS: 101 BROOKVALLEY ROAD RICHORYST/ZIP/CO: WINSTON-SALEM, NC 27106 NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 101 BROOKVALLEY ROAD RICHORYST/ZIP/CO: WINSTON-SALEM, NC 27106 NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: 136 CORBRIDGE LN. CZTOR NAME: CRYSTAL E MARTIN TITLE: ASST SECRETARY ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADRECTOR ANDRESS: ADRECTOR ANDRESCE SOPPICER TO DRECTOR ANDRESCE ADRECTOR ANO | REPUBLIC MORTGAGE | NSURANCE COMPANY OF | | DOL DATE. | . 11/00/2012 | |
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| TITLE: ASST SECRETARY ADDRESS: 101 BROOKVALLEY ROAD CITY/ST/ZIP/CO: KING, NC 27021 X OFFICER DIRECTOR NAME: DEANA MCINNIS VICKERS TITLE: ASST SECRETARY ADDRESS: 135 CORBRIDGE LN. CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106 X OFFICER DIRECTOR X OFFICER DIRECTOR | | | X OFFIC | .ER | DIRECTOR | |
| NAME: DEANA MCINNIS VICKERS TITLE: ASST SECRETARY ADDRESS: 135 CORBRIDGE LN. CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106 NAME: DAVID CHRISTOPHER CASH TITLE: VP and CFO | TITLE: ADDRESS: | ASST SECRETARY 101 BROOKVALLEY ROAD | | | | |
| CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106 X OFFICER NAME: DAVID CHRISTOPHER CASH TITLE: VP and CFO | | | X OFFIC | ER | DIRECTOR | |
| NAME: DAVID CHRISTOPHER CASH TITLE: VP and CFO | | | | | | |
| CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27014 | TITLE: ADDRESS: | DAVID CHRISTOPHER CASH VP and CFO 4113 ALLISTAIR ROAD | X OFFIC | ER | DIRECTOR | |

| | | OFFICER | X DIRECTOR | | | |
|--|-----------------------------------|----------------------------------|--------------------------|--|--|--|
| NAME: | JIMMY ALLEN DEW | | | | | |
| TITLE: | DIRECTOR | | | | | |
| ADDRESS: CITY/ST/ZIP/CO: | 407 RIVERBEND DR | | | | | |
| CH 1/S1/ZIP/CO: | ADVANCE, NC 27006 | | | | | |
| | | OFFICER | χ DIRECTOR | | | |
| NAME: | ALDO CHARLES ZUCARO | | | | | |
| TITLE: | DIRECTOR | | | | | |
| ADDRESS: | 126 NANTUCKET LN | | | | | |
| CITY/ST/ZIP/CO: | BARRINGTON, IL 60001 | | | | | |
| | | X OFFICER | χ DIRECTOR | | | |
| NAME: | Kevin John Henry | | | | | |
| TITLE: | PRESIDENT | | | | | |
| ADDRESS: CITY/ST/ZIP/CO: | 150 Ridge Gate Court | | | | | |
| CH 1/51/2IP/CO: | Lewisville, NC 27023 | | | | | |
| | | OFFICER | χ DIRECTOR | | | |
| NAME: | Spencer LeRoy, III | | | | | |
| TITLE: | DIRECTOR | | | | | |
| ADDRESS: | 2089 Blackstone Avenue | | | | | |
| CITY/ST/ZIP/CO: | LaGrange, IL 60525 | | | | | |
| | | X OFFICER | DIRECTOR | | | |
| NAME: | Michael Paul Derstine | | | | | |
| TITLE: | VICE PRESIDENT | | | | | |
| ADDRESS: | 1818 Robinhood Road | | | | | |
| CITY/ST/ZIP/CO: | Winston-Salem, NC 27104 | | | | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND | | | | | | |
| COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | | | | |
| /s/ JOEL H PASTERNAK | JOEL H PASTERNAK, VP, | 1 | 1/7/2012 | | | |
| SIGNATURE OF DIRECTOR/OFFICER | | | DATE | | | |
| LISTED IN THIS REPORT | PRINTED NAME AND COR | PORATE | | | | |
| | = | | | | | |
| It is a Class 1 misdemeanor for any person and with the intent that the degree of | n to sign a document, which inclu | des this electronic record, that | is false in any material | | | |
| respect with the intent that the document be delivered to the Commission for filing. | | | | | | |